



AMENDMENT TRANSMITTAL LETTER			CLIENT-MATTER NO.: 66654-642 (P-LA 4798)	
SERIAL NO: 09/892,071	FILING DATE: June 26, 2001	EXAMINER: B. Chism	GROUP ART UNIT: 1654 CONFIRMATION NO.: 4768	
INVENTION: CONFORMATIONALLY STABILIZED CELL ADHESION PEPTIDES				

TO: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

CERTIFICATE OF MAILING BY "EXPRESS MAIL"

"EXPRESS MAIL" MAILING LABEL NUMBER: EV 347 732

DATE OF DEPOSIT: September 11, 2003

I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE UNDER 37 CFR 1.10 ON THE DATE INDICATED ABOVE AND IS ADDRESSED TO COMMISSIONER FOR PATENTS, P.O. BOX 1450 ALEXANDRIA, VIRGINIA 22313-1450.

Rebecca Clifford
Printed Name of Person Mailing Paper or Fee

Rebecca Clifford
Signature of Person Mailing Paper or Fee

Transmitted herewith is a Response to the Office Action mailed March 11, 2003, with Exhibits A and B, in the above-identified application.

- ☐ Small Entity status of this application has been established under 37 CFR 1.27.
- ☒ Petition for Extension of Time is enclosed (in duplicate).
- ☐ Terminal Disclaimer with fee under 37 C.F.R. 1.20(d) is enclosed.
- ☒ No additional claims fee is required.
- ☐ An additional claims fee is required and has been calculated as shown below:

CLAIMS AS AMENDED

	NUMBER AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED		RATE			FEE	
							SMALL ENTITY	OTHER ENTITY		SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	17	-	20	-	0	x	\$9	\$18	=	\$	\$0.00
INDEPENDENT CLAIMS	9	-	9	-	0	x	\$42	\$84	=	\$	\$0.00
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM			<input type="checkbox"/> YES		<input checked="" type="checkbox"/> NO		\$140	\$280	=	\$	\$0.00
							TOTAL ADDITIONAL FEE			\$	\$0.00

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

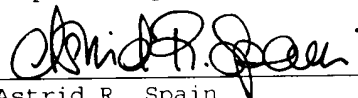
*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.

- ☒ Please charge my Deposit Account No. 502624 the amount of \$930.00 which covers the fee for a three-month extension of time. A duplicate copy of this sheet is enclosed.

Inventors: Pierschbacher and Ruoslahti
Serial No.: 09/892,071
Filed: June 26, 2001
Page 2

- X The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No. 502624. A duplicate copy of this sheet is enclosed.
- X The Commissioner is hereby authorized to charge to Deposit Account No. 502624 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,



Astrid R. Spain
Registration No. 47,956
McDERMOTT, WILL & EMERY
4370 La Jolla Village Drive
7th Floor
San Diego, California 92122
858-535-9001